




Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. SATHISH T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	169 VANNAVIL STREET, POTHIGAI NAGAR, THIRUMULLAIVOYAL
Line 2	600062
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 9600470233
Email	ERTSATHISH@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EBHPS0861P
Passport Number	
Aadhar Number	485981602004
Faculty code given by C.O.E.	1131600
Faculty code given by A.I.C.T.E.	1448566104
Date of Birth	22-10-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2013	I F E T COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	6.91	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2018	MAILAM ENGINEERING COLLEGE	ANNA UNIVERSITY	8.59	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	26-07-2021	31-03-2023	1	8	6
ANNAI TERESA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-06-2018	24-07-2021	3	1	7
Total				4	9	17

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
TVS SCL	TRAINEE	PPC	18-12-2013	18-12-2014	1	0	1
Total					1	0	1

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 4	Central Evaluation (No. of scripts Evaluated) 50	Re-Evaluation (No. of scripts Evaluated) 5
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

